

Massachusetts Division of Health Care Finance and Policy
Health Safety Net

Special Circumstances Application Instructions

This application is for individuals applying to the Health Safety Net (HSN) for the following categories:

- Confidential Services (Minors, Battered and Abused Individuals)
- Medical Hardship Applicants

General:

Providers and applicants should refer to the Special Circumstances Application (SPCA) instructions, regulation 114.6 CMR 13.00, and the DHCFP-INET web-based application user guide for help when completing and submitting a Special Circumstances application.

Confidential Services applicants must complete all sections except the Medical Expense Schedule.

Medical Hardship applicants must complete all sections.

Eligibility Criteria:

Regulation 114.6 CMR 13.00 sets forth HSN eligibility criteria

Documentation:

- Confidential Services (Minors, Battered and Abused Individuals) applicants submit all documentation to the provider who then forwards the application electronically to the Division of Health Care Finance and Policy (“Division”). Providers review the documentation to ensure it matches the information on the application. Providers must maintain the documentation and provide it upon the Division’s request.
- Medical Hardship Applicants must submit all documentation to the provider who then forwards the application and supporting documentation to the following address.

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
ATTN: HSN Medical Hardship Applications

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Determinations and Notifications:

For Confidential Services (Minors, Battered and Abused Individuals), providers should use the Special Circumstances Application (SPCA) to determine eligibility. DHCFP-INET verifies the determinations immediately. Providers should print INET confirmations for their records and notify the applicants.

Providers are responsible for collecting, verifying and inputting all appropriate data and documentation and making all information and verifications available to the Division upon request.

For Medical Hardship determinations and notifications, including patients' medical hardship contribution, providers must assist applicants in completing Medical Hardship applications. Hospitals and community health centers should submit Medical Hardship applications electronically and send residency, income and medical expense documentation hard copies to the Division. The Division notifies hospitals and community health centers listed on the medical expense schedule to submit the associated claims electronically using an assigned application number.

Providers must submit all claims within 30 days of the Division's request. The Division will then complete its review, calculate the medical hardship contribution, if any is applicable, and notify both the providers and applicants of the determination.

Applicant (Head of Household Information): The head of household is the parent, guardian, or individual completing the Medical Hardship application. The head of household must provide his or her name, social security number (or a tax identification number if one has been issued), gender, address, telephone numbers, and date of birth. If the head of household does not have a social security number or tax identification number the recipient identification (RID) is also acceptable. If a person other than the head of household is filling out the application, the applicant must include his or her contact information in the application. Note: this area should not be completed by the financial counselor at the hospital or community health center.

Residency:

A Massachusetts resident is a person living in Massachusetts with the intention to remain permanently or for an indefinite period. Enrollment in a Massachusetts institution of higher learning or confinement in a Massachusetts medical institution, other than a nursing facility, is not sufficient to establish residency. Acceptable documentation for residency is a Massachusetts driver's license, a utility bill with the applicant's name and address, or an unemployment benefit stub.

Family Member Information:

The applicant must list the name, social security number (enter RID if no social security number is available), relationship to the head of household, date of birth, and gender of

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each family member. Pregnant females should be identified as such. This application uses the same family groups as MassHealth and other HSN categories.

A family can be parents, stepparents, or adoptive parents of any age and any of their children under age 19 who are all living together. If no parents are living at home, a family may consist of siblings under age 19 or children under age 19 and an adult related by blood, adoption, or marriage, or a spouse or former spouse of one of those relatives who are all living together. A family can also be an individual or a married couple who are living together with no children under the age of 19. More than one family can live in a home. Parents with pregnant female children less than 19 years old have an option to include them in the application as the family members or pregnant children can file their own applications.

Income Information:

The applicant must provide information on all income for the head of household and each family member. All adult members must provide income documentation. The applicant must list the names of working family members, all sources of income (before taxes and deductions), with amounts and the frequency of payments. The applicant must select one pay period in the drop down list, weekly, bi-weekly, monthly, or annually. The system will then use that information to make an annual income calculation. The applicant must provide information on annualized seasonal income.

- Earned income – includes gross income, self-employed income, and seasonal income.
- Gross income – the total amount of compensation received for work or services performed before taxes and any deductions.
- Self-employed income – the income is not based on the gross income, but will be based on the total amount of business income listed or allowable on a U.S. tax return.
- Seasonal income – the total income that is generated only in a particular time of the year. The applicant must annualize seasonal income and explain the nature of the work and the rationale for the annualized amount.
- Gross unearned income – the total amount of income (before deductions) that does not directly result from the individual's own labor. Examples of unearned income:
 - Social Security
 - Railroad retirement
 - Veterans' benefits
 - Retirement funds or annuities or pensions
 - Child support
 - Alimony
 - Unemployment
 - Workers' compensation
 - Trust income
 - Transitional assistance

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- EAEDC
- Dividend income
- Bank interest income
- Other income
- Rental income - is the total amount of gross income less any deductions listed or allowable on an applicant's or family member's U.S. tax return.

Verification of Income:

Required documentation includes, but is not limited to, the following:

- Two recent pay stubs for weekly income or one recent pay stub for bi-weekly or monthly income
- If pay stubs are not available, the following can be considered:
 - a signed affidavit from the employer
 - the most recent U.S. tax return
 - a copy of a recent check showing gross income from the source
 - a statement from the income source
 - any other reliable evidence of earned or unearned income
 - affidavits

Hand written affidavits may be used as income documentation only when the preferred forms of documentation, the acceptable alternatives or any other form of documentation do not exist. Affidavits cannot be used as “placeholders” in cases where documentation exists but the applicant did not provide it when completing the application.

Because the affidavit is submitted in lieu of standard documentation, applicants must explain why they cannot provide the required documentation. Finally, under ordinary circumstances, affidavits should be hand written by applicants. If an applicant is unable to write the affidavit (because of physical or mental incapacity or an ability to write in English, for example), the affidavit may be written by the patient's authorized representative, or, as a last resort, by a hospital or community health center contact. The applicant must still sign the affidavit unless he or she is physically or mentally incapacitated, in which case this circumstance must be explained.

HSN SPCA Pharmacy Instructions:

The VG/MA-21 process does not determine eligibility for those Special Circumstances patients eligible to receive HSN coverage for prescribed drugs. POPS or REVS will not show the HSN eligibility for these patients. Filing a claim through POPS may violate the confidential status of these Special Circumstances patients. Medical providers (i.e., CHCs and Acute hospital OP depts.) must clearly identify all Special Circumstances prescriptions to the HSN eligible pharmacy so they can be filled and documented properly.

Providers submit pharmacy claims for these Special Circumstances eligible services on a monthly basis using the Special Circumstances Pharmacy INET Application. The HSN

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claims processing system will check that the patient has a Special Circumstances Application on file and is eligible to receive the services. Pharmacy claims submitted through the Special Circumstances Pharmacy INET Application will be processed after the close of the month in which they are received and payments will be included in the following month's disbursements.

Medical Expenses (Required for Medical Hardship Only):

The applicant must input all of the family's qualifying medical expenses and include the provider name, patient name, type of service, provider charges, and date of service for each expense. For the purpose of this application, allowable medical expenses consist of paid and unpaid family medical bills from any health care provider that would qualify as deductible medical expenses for federal income tax purposes. Paid and unpaid bills from dates of service up to 12 months prior to the date of application for Medical Hardship may be submitted. Please note, these bills are considered only once and cannot be used toward a future Medical Hardship determination.

The Division will notify the providers when it receives an application so they may submit their claims.

Providers with any questions about the Special Circumstances Application should contact the Division's Help Desk at (800) 609-7232.